

Personnel Action Form

Please type and complete the following form if you are hiring, changing, or terminating an employee. It is a federal violation to have someone working more than 3 days without an active ePAF.

Employee Name _____ Panther Card or ID # _____
(Legal Name)

Supervisor Name _____ Campus Bldg./Rm.#/P.O Box _____

Position/ Job Title _____ Start Date: _____
Advisor

If terminated, what is the end date (day after the last day of work?) _____

*Obtain Clearance Form

Action

New Hire _____

Rehire _____ Last date worked at GSU _____ Termination _____

➤ Student Assistant _____

Retirement _____

➤ Work Study _____

Fee-Based _____

➤ Panther Works _____

Affiliate _____

➤ University Scholars _____

➤ Temp _____

Employee (non-GSU) Email (For Background Check): _____

Rate of Pay \$ _____

Annual Salary: _____

Hourly Rate: _____ \$10.42 _____

Does the employee work in an additional department? **If yes**, which department(s)? _____

Is the employee taking summer classes? If yes, how many hours? _____

- **Please Note: If your account is a fund code 15 (U account) or a fund code 20 (SP000*****) you will incur a fringe benefit charge of 33% (full-time), 3.5% (part-time), or 2.6% (GRA)**

Speed Type(s)

Percentage

Amount \$

1. _____ BBPAF _____

% _____ 100 _____

_____ up to \$2500 _____

2. _____

% _____

Approved By: P.I Signature _____

Print Name _____

Internal HR Use Only: Received: _____ Processed: _____

Processed By: _____ Position Number _____